



4191-02-U

## SOCIAL SECURITY ADMINISTRATION

### Agency Information Collection Activities: Proposed Request and Comment Request

The Social Security Administration (SSA) publishes a list of information collection packages requiring clearance by the Office of Management and Budget (OMB) in compliance with Public Law 104-13, the Paperwork Reduction Act of 1995, effective October 1, 1995. This notice includes revisions and extensions of OMB-approved information collections.

SSA is soliciting comments on the accuracy of the agency's burden estimate; the need for the information; its practical utility; ways to enhance its quality, utility, and clarity; and ways to minimize burden on respondents, including the use of automated collection techniques or other forms of information technology. Mail, email, or fax your comments and recommendations on the information collection(s) to the OMB Desk Officer and SSA Reports Clearance Officer at the following addresses or fax numbers.

(OMB)

Office of Management and Budget

Attn: Desk Officer for SSA

Fax: 202-395-6974

Email address: [OIRA\\_Submission@omb.eop.gov](mailto:OIRA_Submission@omb.eop.gov)

(SSA)

Social Security Administration, DCRDP

Attn: Reports Clearance Director

107 Altmeyer Building

6401 Security Blvd.

Baltimore, MD 21235

Fax: 410-966-2830

Email address: [OR.Reports.Clearance@ssa.gov](mailto:OR.Reports.Clearance@ssa.gov)

- I. The information collections below are pending at SSA. SSA will submit them to OMB within 60 days from the date of this notice. To be sure we consider your comments, we must receive them no later than **[INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER]**. Individuals can obtain copies of the collection instruments by writing to the above email address.

- 1. Requests for Self-Employment Information, Employee Information, Employer Information -- 20 CFR 422.120 – 0960-0508.** When SSA cannot identify Form W-2 wage data for an individual, we place the data in an earnings suspense file and contact the individual (and certain instances the employer) to obtain the correct information. If the respondent furnishes the name and Social Security number (SSN) information that agrees with SSA's records, or provides information that resolves the discrepancy, SSA adds the reported earnings to the

respondent's Social Security record. We use Forms SSA-L2765, SSA-L3365, and SSA-L4002 for this purpose. The respondents are self-employed individuals and employees whose name and SSN information do not agree with their employer's and SSA's records.

Type of Request: Revision of an OMB-approved information collection.

| <b>Modality of Completion</b> | <b>Number of Respondents</b> | <b>Frequency of Response</b> | <b>Average Burden per Response (minutes)</b> | <b>Estimated Total Annual Burden (hours)</b> |
|-------------------------------|------------------------------|------------------------------|--|--|
| SSA-L2765                     | 12,321                       | 1                            | 10   | 2,054  |
| SSA-L3365                     | 179,749                      | 1                            | 10   | 29,958                                       |
| SSA-L4002                     | 121,679                      | 1                            | 10   | 20,280                                       |
| <b>Totals</b>                 | <b>313,749</b>               |                              |  | <b>52,292</b>                                |

## **2. Employer Reports of Special Wage Payments -- 20 CFR 404.428 – 404.429 --**

**0960-0565.** SSA collects information on the SSA-131 to prevent earnings-related overpayments and to avoid erroneous withholding of benefits. SSA field offices and program service centers also use Form SSA-131 for awards and post-entitlement events requiring special wage payment verification from employers. While we need this information to ensure the correct payment of benefits, we do not require employers to respond. The respondents are large and small businesses that make special wage payments to retirees.

Type of Request: Revision of an OMB-approved information collection.

| <b>Modality of Completion</b>       | <b>Number of Respondents</b> | <b>Frequency of Response</b> | <b>Average Burden per Response (minutes)</b> | <b>Estimated Total Annual Burden (hours)</b> |
|-------------------------------------|------------------------------|------------------------------|--|--|
| Paper Version: SSA-131 (without #6) | 105,000                      | 1                            | 20   | 35,000                                       |

|  |                |   |   |               |
|--|----------------|---|---|---------------|
| Paper Version: SSA-131<br>(#6 only)                                      | 1,050          | 1 | 2 | 35            |
| Electronic Version:<br>Business Services Online<br>Special Wage Payments | 26             | 1 | 5 | 2             |
| <b>Totals</b>  | <b>106,076</b> |   |   | <b>35,037</b> |

### **3. Work Activity Report (Self-Employment) -- 20 CFR 404.1520(b), 20 CFR**

**404.1571 - 404.1576, 20 CFR 404.1584 - 404.1593, and 20 CFR 416.971 -**

**416.976 – 0960-0598.** SSA uses Form SSA-820-U4 to determine initial or

continuing eligibility for 1) Title II Social Security disability benefits or 2) Title

XVI Supplemental Security Income (SSI) payments. Under Titles II and XVI of

the Social Security Act, recipients receive disability benefits and SSI payments

based on their inability to engage in substantial gainful activity (SGA) due to a

physical or mental condition. Therefore, when the recipients resume work, they

must report their work so SSA can evaluate and determine whether they continue

to meet the disability requirements by law. SSA uses Form SSA-820-U4 to obtain

information on self-employment activities of Social Security disability applicants

and recipients. We use the data we obtain to evaluate disability claims, and to help

us determine if the claimant meets current disability provisions under Titles II and

XVI. Since applicants for disability benefits must prove an inability to perform

any kind of SGA generally available in the national economy for which we expect

them to qualify based on age, education, and work experience, any work an

applicant performed until, or subsequent to, the date the disability allegedly began,

affects our disability determination. The respondents are applicants and claimants

for SSI or Social Security disability benefits.

Type of Request: Revision of an OMB-approved information collection.

| <b>Modality of Completion</b> | <b>Number of Respondents</b> | <b>Frequency of Response</b> | <b>Average Burden per Response (minutes)</b> | <b>Estimated Total Annual Burden (hours)</b> |
|-------------------------------|------------------------------|------------------------------|--|--|
| SSA-820-BK                    | 100,000                      | 1                            | 30   | 50,000                                       |

#### **4. Private Printing and Modification of Prescribed Application and Other**

**Forms -- 20 CFR 422.527 -- 0960-0663.** 20 CFR 422.527 of the Code of Federal Regulations requires a person, institution, or organization (third-party entities) to obtain approval from SSA prior to reproducing, duplicating, or privately printing any application or other form the agency owns. SSA uses the information to ensure requests comply with the law and regulations. SSA uses the information to process requests from third-party entities who want to reproduce, duplicate, or privately print any SSA application or other SSA form. To obtain SSA's approval, entities must make their requests in writing, using their company letterhead, providing the required information set forth in the regulation. SSA employees review the requests and provide approval via e-mail or mail to the third-party entities. The respondents are third-party entities who submit a request to SSA to reproduce, duplicate, or privately print an SSA-owned form.

Type of Request: Extension of an OMB-approved information collection.

| <b>Modality of Completion</b> | <b>Number of Respondents</b> | <b>Frequency of Response</b> | <b>Average Burden per Response (minutes)</b> | <b>Estimated Total Annual Burden (hours)</b> |
|-------------------------------|------------------------------|------------------------------|--|--|
| 20 CFR422.527                 | 15                           | 15                           | 8  | 30   |

**5. Methods for Conducting Personal Conferences When Waiver of Recovery of a Title II or Title XVI Overpayment Cannot Be Approved -- 20 CFR 404.506(e)(3), 404.506(f)(8), 416.557(c)(3), and 416.557(d)(8) -- 0960-0769.**

SSA conducts personal conferences when we cannot approve a waiver of recovery of a Title II or Title XVI overpayment. We are required to give overpaid Social Security beneficiaries and SSI recipients the right to request a waiver of recovery and automatically schedule a personal conference if we cannot approve their request for waiver of overpayment. We conduct these conferences face-to-face, by telephone, or by video teleconference. Social Security beneficiaries and SSI recipients or their representatives may provide documents to demonstrate they are without fault in causing the overpayment and do not have the ability to repay the debt. They may submit these documents by Form SSA-632 (OMB No. 0960-0037), Request for Waive of Overpayment Recovery; SSA-795 (OMB No. 0960-0045), Statement of Claimant or Other Person; or personal statement submitted by mail, telephone, personal contact, or other suitable method, such as fax or email. This information collection satisfies the requirements for request for waiver of recovery of an overpayment and allows individuals to pursue further levels of administrative appeal via personal conference. Respondents are Social Security beneficiaries and SSI recipients or their representatives seeking reconsideration of an SSA waiver decision.

Type of Request: Extension of an OMB-approved information collection.

| <b>Modality of Completion</b>  | <b>Number of Respondents</b> | <b>Frequency of Response</b> | <b>Average Burden per Response (minutes)</b> | <b>Estimated Total Annual Burden (hours)</b> |
|--|------------------------------|------------------------------|--|--|
| Personal conference<br><b>404.506(e)(3) and 404-506(f)(8)</b><br>submittal of documents, additional mitigating financial information and verifications for consideration at personal conferences | 40,000                       | 1                            | 30   | 20,000                                       |
| Personal conference<br><b>416.557(c)(3) and 416-557(d)(8)</b><br>submittal of documents additional mitigating financial information, and verifications for consideration at personal conferences | 63,801                       | 1                            | 30   | 31,901                                       |
| <b>Totals</b>  | <b>103,801</b>               |                              |  | <b>51,901</b>                                |

- II. SSA submitted the information collections below to OMB for clearance. Your comments regarding the information collections would be most useful if OMB and SSA receive them 30 days from the date of this publication. To be sure we consider your comments, we must receive them no later than **[INSERT DATE 30 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER]**.

Individuals can obtain copies of the OMB clearance packages by writing to [OR.Reports.Clearance@ssa.gov](mailto:OR.Reports.Clearance@ssa.gov).

1. **Incorporation by Reference of Oral Findings of Fact and Rationale in Wholly Favorable Written Decisions (Bench Decision Regulation) -- 20 CFR 404.953 and 416.1453 -- 0960-0694.** If an administrative law judge (ALJ) makes a wholly favorable oral decision that includes all the findings and rationale for the decision for a claimant of Title II or Title XVI payments at an administrative appeals hearing, the ALJ sends a Notice of Decision (Form HA-82), as the records from the oral hearing preclude the need for a written decision. We call this the incorporation-by-reference process. In addition, the regulations for this process state that if the involved parties want a record of the oral decision, they may submit a written request for these records. SSA collects identifying information under the aegis of Sections 20 CFR 404.953 and 416.1453 of the Code of Federal Regulations to determine how to send interested individuals written records of a favorable incorporation-by-reference oral decision made at an administrative review hearing. Since there is no prescribed form to request a written record of the decision, the involved parties send SSA their contact information and reference the hearing for which they would like a record. The respondents are applicants for disability insurance benefits and SSI payments or their representatives to whom SSA gave a wholly favorable oral decision under the regulations cited above.  
Type of Request: Extension of an OMB-approved information collection.

| <b>Modality of Completion</b> | <b>Number of Respondents</b> | <b>Frequency of Response</b> | <b>Average Burden per Response (minutes)</b> | <b>Estimated Total Annual Burden (hours)</b> |
|-------------------------------|------------------------------|------------------------------|--|--|
| HA-82                         | 2,500                        | 1                            | 5  | 208  |

**2. Request for Proof(s) from Custodian of Records -- 20 CFR 404.703, 404.704, 404.720, 404.721, 404.723, 404.725, & 404.728 -- 0960-0766.** SSA sends Form SSA-L707, Request for Proof(s) from Custodian of Records, to records custodians on behalf of individuals who need help obtaining evidence of death, marriage, or divorce in connection with claims for benefits. SSA uses the information from the SSA-L707 to determine eligibility for benefits. The respondents are records custodians including statistics and religious entities, coroners, funeral directors, attending physicians, and State agencies.

Type of Request: Revision of an OMB-approved information collection.

| <b>Modality of Completion</b> | <b>Number of Respondents</b> | <b>Frequency of Response</b> | <b>Average Burden per Response (minutes)</b> | <b>Estimated Total Annual Burden (hours)</b> |
|-------------------------------|------------------------------|------------------------------|--|--|
| State or Local Government     | 501                          | 1                            | 10   | 84   |
| Private Sector                | 99                           | 1                            | 10   | 17   |
| <b>Totals</b>                 | <b>600</b>                   |                              |  | <b>101</b>                                   |

Date: October 17, 2013

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Faye Lipsky

Reports Clearance Director

Social Security Administration

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